

**L13000014585**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

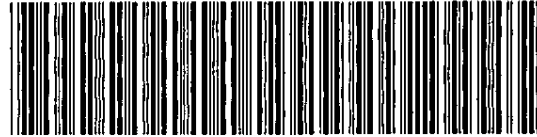
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200266641912

L13-14585

FILED  
15 APR 07 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 16 2015

N. CAUSSEAU

## View Transaction Printable View


**SUNTRUST**

## View Transaction Printable View

Close Window Print Screen

Front of Check

Views: Front Back Front and Back

Church Street Towers, LLC Corporate Office 394 S. Duval Ave. Orlando, FL 32803	Business Bank ATM # 6522208 BRANCH 4/2/2016	16253
TO THE ORDER OF Florida Department of State		\$ 30.00
Thirty and 00/100		DOLLARS
Florida Department of State Division of Corporations Citizen Building 2051 Executive Center Circle Tallahassee, FL 32301		 MICROFILM IMAGE
Church Street Towers, LLC CL13002014586		
⑈036253⑈ 606340745764000162198799⑈		

Enlarge Save

Account: Total Business Banking - \*\*\*\*\*8799

Transaction: Debit with image 16253

Customer Reference Number: 16253

Date/Time Cleared: 04/08/2015 00:00

Amount: \$(30.00)

Date/Time Initiated: 04/08/2015 00:00

FI Reference Number: 201504080000000003000000000162533

Description: CHECK

*Cleared  
check  
front & back.*

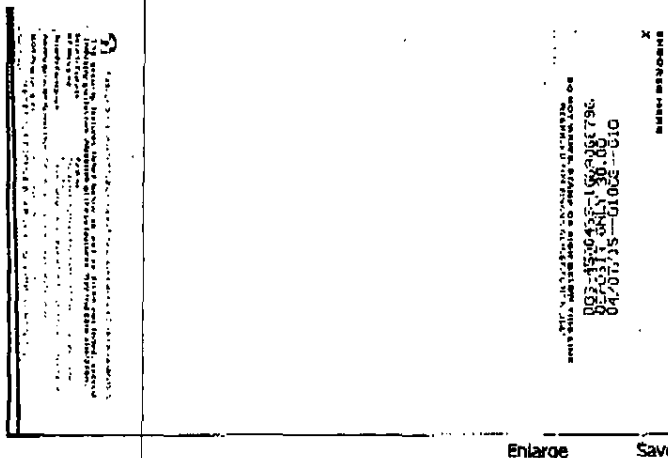


## View Transaction Printable View

Close Window Print Screen

Back of Check

Views: Front Back Front and Back



Enlarge

Save

Account: Total Business Banking \*\*\*\*\*8799

Transaction: Debit with image 16253

Customer Reference Number: 16253

Date/Time Cleared: 04/08/2015 00:00

Amount: \$(30.00)

Date/Time Initiated: 04/08/2015 00:00

FI Reference Number: 201504080000000003000000000162533

Description: CHECK

P10  
80010  
5/16/15  
04/08/15



## CHURCH STREET TAVERN, LLC

**Fax**

<b>To:</b>	NANETTE	<b>From:</b>	Christina Kamara
<b>Fax:</b>	850 245 6030	<b>Pages:</b>	SEVEN PAGES INCLUDING COVER
<b>Phone:</b>		<b>Date:</b>	4.15.15
<b>Re:</b>	CHURCH STREET TAVEN AMENDMENT cc:		

☐ Urgent    ☐ For Review    ☐ Please Comment    ☐ Please Reply    ☐ Please Recycle

● **Comments:**

PLEASE FIND ATTACHED COPY OF THE AMENDMENT THAT WS OVERNIGHTED TO YOUR STREET ADDRESS ON APRIL 3, 2015. ASO PLESE FIND ATTACHED FRONT AND BACK OF CLEARED CHECK (CLEARED ON APRIL 8<sup>TH</sup>).

If you could please assist in getting this amendment completed as soon as possible it would be greatly appreciated. Thank you in advance,

Christina Kamara

Email: [CKamara@TheChurchStreetTavern.com](mailto:CKamara@TheChurchStreetTavern.com)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Church Street Tavern**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christina Kamara

\_\_\_\_\_  
Name of Person

Church Street Tavern, LLC

\_\_\_\_\_  
Firm/Company

1814 S Division Avenue

\_\_\_\_\_  
Address

Orlando, FL 32805

\_\_\_\_\_  
City/State and Zip Code

ckamara@TheChurchStreetTavern.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Kamara

407 461-0468

\_\_\_\_\_  
Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

#1951 P. 003/007

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Church Street Tavern, LLC**

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/28/2013 and assigned Florida document number L13000014585.

**This amendment is submitted to amend the following:**

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1814 S Division Avenue

Orlando, FL 32805

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

\_\_\_\_\_, Florida  
City

**Zip Code**

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**



D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

---

---

---

---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_, \_\_\_\_\_



Signature of a member or authorized representative of a member

JOHN BROWN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
15 APR 07 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA